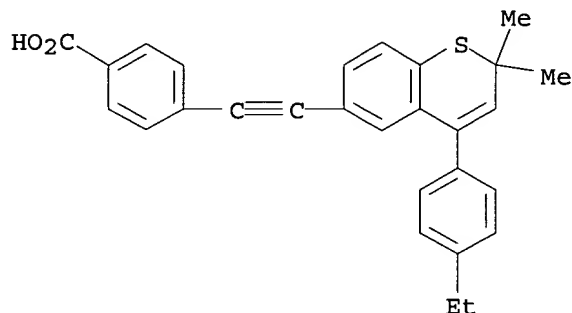


L1 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2001 ACS
 RN 229961-45-9 REGISTRY
 CN Benzoic acid, 4-[[4-(4-ethylphenyl)-2,2-dimethyl-2H-1-benzothiopyran-6-yl]ethynyl]- (9CI) (CA INDEX NAME)
 OTHER NAMES:
 CN **AGN 194310**
 FS 3D CONCORD
 MF C28 H24 O2 S
 SR CA
 LC STN Files: CA, CAPLUS, DRUGUPDATES, SYNTHLINE, TOXLIT, USPATFULL



54/32

6 REFERENCES IN FILE CA (1967 TO DATE)
 6 REFERENCES IN FILE CAPLUS (1967 TO DATE)

=> sel name l1 1
 E1 THROUGH E1 ASSIGNED

=> fil caplus
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SINCE FILE	TOTAL
ENTRY	SESSION
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NEWS 3 Feb 06 Engineering Information Encompass files have new names
NEWS 4 Feb 16 TOXLINE no longer being updated
NEWS 5 Apr 23 Search Derwent WPINDEX by chemical structure
NEWS 6 Apr 23 PRE-1967 REFERENCES NOW SEARCHABLE IN CAPLUS AND CA
NEWS 7 May 07 DGENE Reload
NEWS 8 Jun 20 Published patent applications (A1) are now in USPATFULL
NEWS 9 JUL 13 New SDI alert frequency now available in Derwent's
DWPI and DPCI
NEWS 10 Aug 23 In-process records and more frequent updates now in
MEDLINE
NEWS 11 Aug 23 PAGE IMAGES FOR 1947-1966 RECORDS IN CAPLUS AND CA
NEWS 12 Aug 23 Adis Newsletters (ADISNEWS) now available on STN

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CURRENT MACINTOSH VERSION IS V6.0 (ENG) AND V6.0J (JP),
AND CURRENT DISCOVER FILE IS DATED 07 AUGUST 2001
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0.15

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DICTIONARY FILE UPDATES: 13 SEP 2001 HIGHEST RN 356757-49-8

TSCA INFORMATION NOW CURRENT THROUGH January 11, 2001

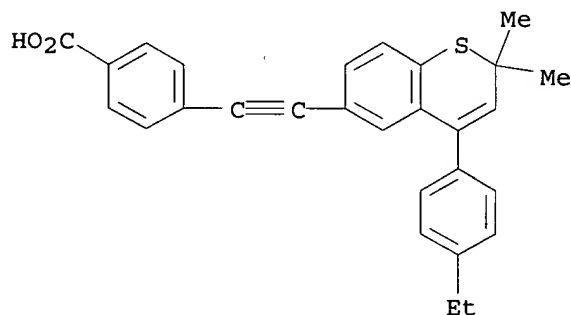
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conducting SmartSELECT searches.

Structure search limits have been increased. See HELP SLIMIT
for details.

=> s agn 194310/cn
L1 1 AGN 194310/CN

=> d

L1 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2001 ACS
RN 229961-45-9 REGISTRY
CN Benzoic acid, 4-[[4-(4-ethylphenyl)-2,2-dimethyl-2H-1-benzothiopyran-6-yl]ethynyl]- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN **AGN 194310**
FS 3D CONCORD
MF C28 H24 O2 S
SR CA
LC STN Files: CA, CAPLUS, DRUGUPDATES, SYNTHLINE, TOXLIT, USPATFULL



6 REFERENCES IN FILE CA (1967 TO DATE)
6 REFERENCES IN FILE CAPLUS (1967 TO DATE)

=> sel name l1 1
E1 THROUGH E1 ASSIGNED

=> fil caplus
COST IN U.S. DOLLARS
FULL ESTIMATED COST

SINCE FILE	TOTAL
ENTRY	SESSION
5.87	6.02

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FILE COVERS 1947 - 14 Sep 2001 VOL 135 ISS 13
FILE LAST UPDATED: 13 Sep 2001 (20010913/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

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=> s l1 or agn-194310 or agn194310 or "agn 194310"
      6 L1
      2071 AGN
      627 AGNS
      2444 AGN
            (AGN OR AGNS)
            3 194310
            3 AGN-194310
              (AGN(W)194310)
            2 AGN194310
      2071 "AGN"
      627 "AGNS"
      2444 "AGN"
            ("AGN" OR "AGNS")
            3 "194310"
            3 "AGN 194310"
              ("AGN" (W) "194310")
L2      7 L1 OR AGN-194310 OR AGN194310 OR "AGN 194310"
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=> s ?lipidem? or ?triglycer?
      11779 ?LIPIDEM?
      51632 ?TRIGLYCER?
L3      59143 ?LIPIDEM? OR ?TRIGLYCER?
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=> s l2 and l3
L4      1 L2 AND L3
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=> d
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L4      ANSWER 1 OF 1 CAPLUS COPYRIGHT 2001 ACS
AN      2001:279542 CAPLUS
DN      134:305279
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=> s l1 or agn-194310 or agn194310 or "agn 194310"

6 L1
2071 AGN
627 AGNS
2444 AGN
(AGN OR AGNS)
3 194310
3 AGN-194310
(AGN(W)194310)
2 AGN194310
2071 "AGN"
627 "AGNS"
2444 "AGN"
("AGN" OR "AGNS")
3 "194310"
3 "AGN 194310"
("AGN"(W)"194310")

L2 7 L1 OR AGN-194310 OR AGN194310 OR "AGN 194310"

=> s ?lipidem? or ?triglycer?

11779 ?LIPIDEM?
51632 ?TRIGLYCER?

L3 59143 ?LIPIDEM? OR ?TRIGLYCER?

=> s l2 and l3

L4 1 L2 AND L3

=> d

L4 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2001 ACS

AN 2001:279542 CAPLUS

DN 134:305279

TI Methods of identifying compounds having nuclear receptor negative hormone and/or antagonist activities

IN Klein, Elliott S.; Nagpal, Sunil; Chandraratna, Roshantha A.

PA Allergan Sales, Inc., USA

SO U.S., 100 pp., Cont.-in-part of U.S. Ser. No. 928,552, abandoned.

CODEN: USXXAM

DT Patent

LA English

FAN.CNT 6

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 6218128	B1	20010417	US 1998-42943	19980317
	US 5776699	A	19980707	US 1996-613863	19960311
	EP 931786	A2	19990728	EP 1998-204074	19960823
	EP 931786	A3	19990901		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, PT, IE, FI				
	US 6228848	B1	20010508	US 1999-447082	19991122

PRAI	US	1995-522778	A	19950901
	US	1995-522779	A	19950901
	US	1995-542648	A	19951013
	US	1996-613863	A	19960311
	US	1997-928552	B2	19970912
	US	1995-19015	P	19950901
	US	1995-64853	P	19950901
	US	1995-20501	P	19951013
	EP	1996-933742	A3	19960823
	US	1997-871093	A3	19970609
	US	1998-222983	A3	19981230

RE.CNT 234

RE

- (1) Agarwal; Cancer Research V54, P2108 CAPLUS
- (2) Agarwal; Cancer Research V51, P3982 CAPLUS
- (3) Allegretto; The Journal of Biological Chemistry 1993, V268(35), P26625
CAPLUS
- (4) Andreatta-van Leyen; Journal of Cellular Physiology 1994, V160, P265 CAPLUS
- (5) Anon; DE 3316932 1983 CAPLUS

ALL CITATIONS AVAILABLE IN THE RE FORMAT

TI Methods of identifying compounds having nuclear receptor negative hormone
and/or antagonist activities
IN Klein, Elliott S.; Nagpal, Sunil; Chandraratna, Roshantha A.
PA Allergan Sales, Inc., USA
SO U.S., 100 pp., Cont.-in-part of U.S. Ser. No. 928,552, abandoned.
CODEN: USXXAM

DT Patent
LA English

FAN.CNT 6

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
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PI	US 6218128	B1	20010417	US 1998-42943	19980317
	US 5776699	A	19980707	US 1996-613863	19960311
	EP 931786	A2	19990728	EP 1998-204074	19960823
	EP 931786	A3	19990901		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, PT, IE, FI				
	US 6228848	B1	20010508	US 1999-447082	19991122
PRAI	US 1995-522778	A	19950901		
	US 1995-522779	A	19950901		
	US 1995-542648	A	19951013		
	US 1996-613863	A	19960311		
	US 1997-928552	B2	19970912		
	US 1995-19015	P	19950901		
	US 1995-64853	P	19950901		
	US 1995-20501	P	19951013		
	EP 1996-933742	A3	19960823		
	US 1997-871093	A3	19970609		
	US 1998-222983	A3	19981230		

RE.CNT 234

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- (1) Agarwal; Cancer Research V54, P2108 CAPLUS
- (2) Agarwal; Cancer Research V51, P3982 CAPLUS
- (3) Allegretto; The Journal of Biological Chemistry 1993, V268(35), P26625
CAPLUS
- (4) Andreatta-van Leyen; Journal of Cellular Physiology 1994, V160, P265 CAPLUS
- (5) Anon; DE 3316932 1983 CAPLUS

ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> s yuan, yan?/au

L5 90 YUAN, YAN?/AU

=> s thacher, sc?/au

L6 26 THACHER, SC?/AU

=> s l5 and l6

L7 0 L5 AND L6

=> s klein, el?/au

L8 158 KLEIN, EL?/AU

=> s l5 and l8

L9 1 L5 AND L8

=> d

L9 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2001 ACS

AN 2000:240931 CAPLUS

DN 132:274821

TI Male antifertility agents

IN Klein, Elliott S.; Yuan, Yang-Dar; Chandraratna,
Roshantha A.

PA Allergan Sales, Inc., USA
SO PCT Int. Appl., 73 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2000019990	A2	20000413	WO 1999-US22222	19990924
	WO 2000019990	A3	20000720		
	W: AU, CA, JP				
	RW: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE				
	AU 9961623	A1	20000426	AU 1999-61623	19990924
	EP 1119350	A2	20010801	EP 1999-948451	19990924
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				
PRAI	US 1998-103507	P	19981008		
	WO 1999-US22222	W	19990924		
OS	MARPAT 132:274821				

=> fil stnf
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L4 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2001 ACS

IT Cell proliferation
Hypertriglyceridemia
Hypolipemic agents
Liquid chromatography
Psoriasis

(methods of identifying compds. having nuclear receptor neg. hormone and/or antagonist activity)

IT	166977-56-6P	166977-57-7P	171746-21-7P	180920-30-3P	180920-66-5P
	180920-67-6P	182560-49-2P	182560-50-5P	188887-90-3P	188887-92-5P
	188888-00-8P	188888-02-0P	188888-04-2P	188888-06-4P	188888-08-6P
	188888-11-1P	188888-14-4P	188888-16-6P	188888-18-8P	188888-20-2P
	188888-22-4P	188888-24-6P	188888-26-8P	188888-30-4P	188888-39-3P
	188888-43-9P	188888-47-3P	188888-51-9P	188888-55-3P	188888-57-5P

188888-59-7P 188888-63-3P 188888-65-5P 188888-67-7P 188888-80-4P
188888-84-8P 188888-88-2P 188888-92-8P 188888-96-2P 188888-98-4P
229961-45-9P, AGN 194310

RL: BAC (Biological activity or effector, except adverse); SPN (Synthetic preparation); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES (Uses)

(methods of identifying compds. having nuclear receptor neg. hormone and/or antagonist activity)

=> fil stng

COST IN U.S. DOLLARS

SINCE FILE

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25.59

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PASSWORD:

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NEWS 13 Sep 17 IMSworld Pharmaceutical Company Directory name change
to PHARMASEARCH

NEWS EXPRESS August 15 CURRENT WINDOWS VERSION IS V6.0c,
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FULL ESTIMATED COST	0.15	0.15

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FILE 'BIOSIS' ENTERED AT 14:50:25 ON 19 SEP 2001

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FILE 'EMBASE' ENTERED AT 14:50:25 ON 19 SEP 2001

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=> s ?triglycerid?

L1 184015 ?TRIGLYCERID?

=> s myocardial infarction or heart attack

L2 239988 MYOCARDIAL INFARCTION OR HEART ATTACK

=> s l1 (s) l2

L3 3154 L1 (S) L2

=> s l1 (a) l2

L4 31 L1 (A) L2

=> d scan

L4 31 ANSWERS BIOSIS COPYRIGHT 2001 BIOSIS

TI IS TREATMENT OF METABOLIC FACTORS A VALID MEANS FOR THE CONTROL OF ARTERIOSCLEROSIS AND CORONARY HEART DISEASE?.

IT Miscellaneous Descriptors

HUMAN CHOLESTEROL TRIGLYCERIDES MYOCARDIAL

INFARCTION ANGINA PECTORIS SUDDEN DEATH MYOCARDIAL INSTABILITY THROMBOGENIC PLASMA

density lipoprotein (HDL)-cholesterol decreased, but the difference between pretreatment and posttreatment levels did not reach statistical significance. Serum triglyceride (TG) concentration increased by 16% (20 mg/dl). Metoprolol therapy was not associated with changes in total, very low density lipoprotein (VLDL)-, LDL- and HDL-cholesterol levels. Serum TG concentration increased by 22% (28 mg/dl), mainly due to an increase in VLDL-TG. Application of the Israel Ischemic Heart Disease Study data to these findings could predict only a slight decrease in the 5-yr estimated probability of myocardial infarction in the chlorthalidone-treated group. Metoprolol therapy has, theoretically, a more favorable influence on coronary heart disease risk status. The different forms of therapy for mild hypertension evidently have a different effect on the theoretical coronary heart disease risk status, a fact that should be taken into consideration in the choice in medication.

IT Miscellaneous Descriptors

**HUMAN METABOLIC-DRUG ANTIHYPERTENSIVE-DRUG MYOCARDIAL
INFARCTION TRIGLYCERIDE CHOLESTEROL PHARMACODYNAMICS**

L4 ANSWER 22 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1985:285505 BIOSIS

DOCUMENT NUMBER: BA79:65501

TITLE: IS TREATMENT OF METABOLIC FACTORS A VALID MEANS FOR THE
CONTROL OF ARTERIOSCLEROSIS AND CORONARY HEART DISEASE?.

AUTHOR(S): AVOGARO P

CORPORATE SOURCE: DORSODURO, 3455, VENEZIA.

SOURCE: CLIN TER, (1984) 111 (1), 15-19.

CODEN: CLTEA4. ISSN: 0009-9074.

FILE SEGMENT: BA; OLD

LANGUAGE: Italian

AB The majority of trials aimed at reducing the prevalence of coronary heart disease by controlling metabolic risk factors (cholesterol, triglycerides) have yielded unconvincing results. The sole control of metabolic risk factors does not appear adequate for the purpose of reducing myocardial infarction, angina pectoris and sudden death and appears to be the reason for the failures observed. Other risk factors, such as thrombogenic plasma and cellular factors, bioelectric instability of the myocardium and control of functional abnormalities of the coronary vessels will have to be included in the prevention of acute coronary heart disease.

IT Miscellaneous Descriptors

**HUMAN CHOLESTEROL TRIGLYCERIDES MYOCARDIAL
INFARCTION ANGINA PECTORIS SUDDEN DEATH MYOCARDIAL INSTABILITY
THROMBOGENIC PLASMA**

L4 ANSWER 23 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1985:174000 BIOSIS

DOCUMENT NUMBER: BR29:63996

TITLE: APOLIPOPROTEIN A-I METABOLISM IN SUBJECTS WITH CORONARY
ARTERY DISEASE.

AUTHOR(S): BEIGEL Y; LUCK J; GOTTO A M JR; GHISELLI G

CORPORATE SOURCE: DEPARTMENT OF MEDICINE, BAYLOR COLLEGE OF MEDICINE,
HOUSTON, TEXAS.

SOURCE: 77TH ANNUAL MEETING OF THE AMERICAN SOCIETY FOR CLINICAL
INVESTIGATION, WASHINGTON, D.C., USA, MAY 3-6, 1985. CLIN
RES, (1985) 33 (2 PART 1), 516A.

CODEN: CLREAS. ISSN: 0009-9279.

DOCUMENT TYPE: Conference

FILE SEGMENT: BR; OLD

LANGUAGE: English

IT Miscellaneous Descriptors

**ABSTRACT HUMAN MYOCARDIAL INFARCTION
TRIGLYCERIDE CHOLESTEROL**

=> d ibib abs kwic 16-19

L4 ANSWER 16 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1988:103729 BIOSIS

DOCUMENT NUMBER: BR34:50071

TITLE: CLINICAL AND LABORATORY CORRELATES OF ACCELERATED CORONARY ARTERY DISEASE IN THE CARDIAC TRANSPLANT PATIENT.

AUTHOR(S): GAO S Z; SCHROEDER J S; ALDERMAN E L; HUNT S A; SILVERMAN J F; WIEDERHOLD V; STINSON E B

CORPORATE SOURCE: DIV. CARDIOL., CVRB, STANFORD UNIV. MED. CENT., STANFORD, CALIF. 94305.

SOURCE: SCIENTIFIC SESSIONS OF THE COUNCIL ON CARDIOVASCULAR SURGERY OF THE AMERICAN HEART ASSOCIATION, DALLAS, TEXAS, USA, NOVEMBER 17-20, 1986. CIRCULATION, (1987) 76 (5 PART 2), V-52-V-61.

CODEN: CIRCAZ. ISSN: 0009-7322.

FILE SEGMENT: BR; OLD

LANGUAGE: English

IT Miscellaneous Descriptors

CYCLOSPORINE IMMUNOSUPPRESSANT-DRUG CHOLESTEROL **TRIGLYCERIDE**
MYOCARDIAL INFARCTION CARDIAC ALLOGRAFT

L4 ANSWER 17 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1986:324344 BIOSIS

DOCUMENT NUMBER: BA82:48649

TITLE: LIPIDS AND LIPOPROTEINS AS PREDICTORS OF CORONARY HEART DISEASE STROKE AND CANCER IN THE HONOLULU HAWAII USA HEART PROGRAM.

AUTHOR(S): REED D; YANO K; KAGAN A

CORPORATE SOURCE: HONOLULU HEART PROGRAM, 347 N. KUAKINI ST., HONOLULU, HAWAII 96817.

SOURCE: AM J MED, (1986) 80 (5), 871-878.

CODEN: AJMEAZ. ISSN: 0002-9343.

FILE SEGMENT: BA; OLD

LANGUAGE: English

AB A group of 2,122 healthy men in the Honolulu Heart Program who participated in the Cooperative Lipoprotein Phenotyping Study, 1970 to 1972, were followed for 10 years by repeated examinations and surveillance of hospital discharge and mortality records in order to diagnose new cases of coronary heart disease, stroke, cancer, and other deaths. Total cholesterol and low-density lipoprotein cholesterol were significantly associated with all clinical types of coronary heart disease in multivariable analyses, whereas high-density lipoprotein cholesterol was inversely associated with nonfatal myocardial infarction and total coronary heart disease, but not with fatal coronary heart disease nor angina. Triglyceride and very-low-density lipoprotein cholesterol were associated with total coronary heart disease by univariate but not multivariate analysis. None of the other specific chronic diseases were significantly associated with any lipid or lipoprotein, although there were trends of inverse associations of all noncardiovascular disease with total cholesterol and low-density lipoprotein cholesterol. Thus, for total disease (coronary heart disease, stroke, cancer, and other deaths), the optimal range for lowest disease incidence was about 200 to 220 mg/dl for total cholesterol and 120 to 140 mg/dl for low-density lipoprotein cholesterol. A strong inverse pattern of total disease with high-density lipoprotein cholesterol indicated that the highest levels were the optimal levels.

IT Miscellaneous Descriptors

HUMAN LOW-DENSITY LIPOPROTEIN CHOLESTEROL HIGH-DENSITY LIPOPROTEIN
CHOLESTEROL NONFATAL **MYOCARDIAL INFARCTION**
TRIGLYCERIDE VERY-LOW-DENSITY LIPOPROTEIN CHOLESTEROL

L4 ANSWER 18 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS
ACCESSION NUMBER: 1986:309911 BIOSIS
DOCUMENT NUMBER: BR31:34147
TITLE: CARDIAC LIPASE EFFECT OF ETHANOL AND STRESS.
AUTHOR(S): BRICK J; POHORECKY L A; DETURCK K
CORPORATE SOURCE: RUTGERS STATE UNIV., NEW BRUNSWICK, N.J.
SOURCE: JOINT MEETING OF THE AMERICAN MEDICAL SOCIETY ON ALCOHOLISM
AND OTHER DRUG DEPENDENCIES AND THE RESEARCH SOCIETY ON
ALCOHOLISM, SAN FRANCISCO, CALIF., USA, APR. 18-22, 1986.
ALCOHOL CLIN EXP RES, (1986) 10 (1), 107.
CODEN: ACRSDM. ISSN: 0145-6008.
DOCUMENT TYPE: Conference
FILE SEGMENT: BR; OLD
LANGUAGE: English
IT Miscellaneous Descriptors
ABSTRACT RAT PROTECTIVE EFFECT **MYOCARDIAL INFARCTION**
TRIGLYCERIDE FREE FATTY-ACID ENERGY UPTAKE

L4 ANSWER 19 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS
ACCESSION NUMBER: 1986:71489 BIOSIS
DOCUMENT NUMBER: BR30:71489
TITLE: AN APPROACH TO THE MANAGEMENT OF HYPERLIPOPROTEINEMIA.
AUTHOR(S): HOEG J M; GREGG R E; BREWER H B JR
CORPORATE SOURCE: NATL. INST. HEALTH, BUILD. 10, ROOM 7N114, 9000 ROCKVILLE
PIKE, BETHESDA, MD 20205.
SOURCE: JAMA, J. Am. Med. Assoc., (1986) 255 (4), 512-521.
CODEN: JAMAAP. ISSN: 0002-9955.
FILE SEGMENT: BR; OLD
LANGUAGE: English
IT Miscellaneous Descriptors
HUMAN CHOLESTEROL **TRIGLYCERIDE MYOCARDIAL**
INFARCTION ATHEROSCLEROSIS

=> d ibib abs kwic 10-14

L4 ANSWER 10 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS
ACCESSION NUMBER: 1990:372494 BIOSIS
DOCUMENT NUMBER: BA90:59175
TITLE: PLASMA GLUCOSAMINE AND GALACTOSAMINE IN ISCHEMIC HEART
DISEASE.
AUTHOR(S): OLSZEWSKI A J; SZOSTAK W B; MCCULLY K S
CORPORATE SOURCE: NATL. INST. FOOD AND NUTRITION, POWINSKA 61/63, 02-903
WARSAW, POL.
SOURCE: ATHEROSCLEROSIS, (1990) 82 (1-2), 75-84.
CODEN: ATHSBL. ISSN: 0021-9150.
FILE SEGMENT: BA; OLD
LANGUAGE: English

AB Because of the importance of glycosaminoglycans and glycoproteins in the pathogenesis of atherosclerosis, the hexosamine concentrations of plasma were determined in 28 male survivors of acute myocardial infarction and in 50 healthy males aged 30-60 years. Glucosamine and galactosamine were determined by ion-exchange chromatography of hydrolyzed whole plasma and hydrolyzed deproteinized plasma. Considerably higher plasma levels of non-protein-bound hexosamine (500 nmol/ml) and lower levels of protein-bound hexosamines (3770 nmol/ml) were observed in the ischemic heart disease group, compared with the plasma levels of non-protein-bound hexosamine (320 nmol/ml) and protein-bound hexosamine (4260 nmol/ml) of the control group. This difference is due to changes in glucosamine concentration. The galactosamine concentration is similar in the two groups. The ratio of non-protein-bound to protein-bound hexosamines in

patients is about twice as high as the ratio found in controls. The glucosamine/galactosamine ratio of protein-free plasma is significantly higher in patients (12.1) than in controls (8.3). These changes in plasma hexosamines correlate with increased plasma homocysteine, cholesterol, and triglycerides observed in the patient group. The findings show that characteristic quantitative and qualitative changes in plasma hexosamine levels accompany atherosclerosis. Determination of these substances may be helpful in diagnosis and management of patients with atherosclerosis.

IT Miscellaneous Descriptors

HUMAN HOMOCYSTEINE CHOLESTEROL **TRIGLYCERIDE**
MYOCARDIAL INFARCTION DIAGNOSTIC METHOD

L4 ANSWER 11 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1990:62643 BIOSIS

DOCUMENT NUMBER: BR38:29063

TITLE: EXCESS INSULIN SECRETION CONTRIBUTES TO ESTABLISHED
CORONARY HEART DISEASE IN BRITISH ASIANS AND WHITES.

AUTHOR(S): HUGHES L O; RAFTERY E B

CORPORATE SOURCE: CARDIOL. DEP., NORTHWICK PARK HOSP., HARROW, MIDDX., UK.

SOURCE: 62ND SCIENTIFIC SESSIONS OF THE AMERICAN HEART ASSOCIATION,
NEW ORLEANS, LOUISIANA, USA, NOVEMBER 13-16, 1989.

CIRCULATION, (1989) 80 (4 SUPPL 2), II59.

CODEN: CIRCAZ. ISSN: 0009-7322.

DOCUMENT TYPE: Conference

FILE SEGMENT: BR; OLD

LANGUAGE: English

IT Miscellaneous Descriptors

ABSTRACT HUMAN **MYOCARDIAL INFARCTION**
TRIGLYCERIDE C-PEPTIDE

L4 ANSWER 12 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1989:465638 BIOSIS

DOCUMENT NUMBER: BR37:98282

TITLE: EUROPEAN LIPID GUIDELINES THERAPEUTIC RECOMMENDATIONS.

AUTHOR(S): ASSMANN G; SCHULTE H

CORPORATE SOURCE: CENT. LAB., INST. CLIN. CHEM. LAB. MED., UNIV. MUENSTER,
ALBERT-SCHWEITZER-STR. 33, D-4400 MUENSTER, W. GER.

SOURCE: SYMPOSIUM ON CARDIOVASCULAR DISEASE IN THE ELDERLY:
ETIOLOGY, PREVENTION, DIAGNOSIS AND TREATMENT, NEWPORT
BEACH, CALIFORNIA, USA, FEBRUARY 26-27, 1988. AM J CARDIOL,
(1989) 63 (16), 53H-55H.

CODEN: AJCDAG. ISSN: 0002-9149.

FILE SEGMENT: BR; OLD

LANGUAGE: English

IT Miscellaneous Descriptors

HUMAN HYPERLIPIDEMIC CHOLESTEROL **TRIGLYCERIDE**
MYOCARDIAL INFARCTION RISK ATHEROSCLEROSIS EUROPEAN
CONSENSUS CONFERENCE

L4 ANSWER 13 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1988:497737 BIOSIS

DOCUMENT NUMBER: BR35:116572

TITLE: VITAMIN K-DEPENDENT PROTEINS BIND TO VERY LOW-DENSITY
LIPOPROTEINS.

AUTHOR(S): BRADLEY W A; GIANTURCO S H

CORPORATE SOURCE: DEP. MED., DIV. ATHEROSCLEROSIS AND LIPOPROTEIN RES.,
METHODIST HOSP. BAYLOR COLL. MED., TMH MAIL STN. A601, 6565
FANNIN STREET, HOUSTON, TEXAS 77030.

SOURCE: WORKSHOP ON HYPERTRIGLYCERIDEMIA, ARTERIOSCLEROSIS AND
THROMBOSIS, WASHINGTON, D.C., USA, SEPTEMBER 21-23, 1987.

SEMIN THROMB HEMOSTASIS, (1988) 14 (3), 253-257.

CODEN: STHMBV. ISSN: 0094-6176.

FILE SEGMENT: BR; OLD
LANGUAGE: English
IT Miscellaneous Descriptors
REVIEW COAGULATION CASCADE **HYPERTRIGLYCERIDEMIA**
MYOCARDIAL INFARCTION

L4 ANSWER 14 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS
ACCESSION NUMBER: 1988:350282 BIOSIS
DOCUMENT NUMBER: BA86:45760
TITLE: THE CONCENTRATION OF SERUM LIPIDS IN ZEN MONKS AND CONTROL
MALES IN JAPAN.
AUTHOR(S): KITA T; YOKODE M; KUME N; ISHII K; NAGANO Y; MIKAMI A; KITA
M; FUJII K; KAWAI C; ET AL
CORPORATE SOURCE: THIRD DIV., DEP. INTERN. MED., FAC. MED., KYOTO UNIV., 54
KAWARACHO, SHOGGIN, SAKYO-KU, KYOTO 606, JAPAN.
SOURCE: JPN CIRC J, (1988) 52 (2), 99-104.
CODEN: JCIRA2. ISSN: 0047-1828.
FILE SEGMENT: BA; OLD
LANGUAGE: English

AB The concentrations of total, low density lipoprotein (LDL), and high
density lipoprotein (HDL) cholesterol, triglyceride and apoprotein B have
been examined in Zen monks whose intake of animal products was almost
negligible for 2 to 8 years, and in age-matched (24 to 35 years) control
Japanese males who eat Western style food. The mean levels of total, LDL-
and HDL-cholesterol, and apoprotein B were 135.1 \pm 16.7, 73.0 \pm 11.6,
50.4 \pm 9.6, and 70.6 \pm 15.6 mg/dl, respectively in Zen monks.
These levels were 28.5, 32.8, 18.8, and 23.9% lower in Zen monks than in
control Japanese males. These values are statistically significant
compared to those of the controls ($p < 0.01$). There were no significant
changes in the level of triglyceride in both groups.

IT Miscellaneous Descriptors
HUMAN HIGH-DENSITY LIPOPROTEIN CHOLESTEROL **HEART**
ATTACK TRIGLYCERIDE ATHEROSCLEROSIS

=> d ibib abs kwic 1-5

L4 ANSWER 1 OF 31 MEDLINE
ACCESSION NUMBER: 97468051 MEDLINE
DOCUMENT NUMBER: 97468051 PubMed ID: 9327195
TITLE: Is cholesterol the major lipoprotein risk factor in
coronary heart disease?--a Franco-Scottish overview.
COMMENT: Erratum in: Curr Med Res Opin 1997;14(1):63
AUTHOR: Fruchart J C; Packard C J
CORPORATE SOURCE: Department of Atherosclerosis and INSERM (Unit 325),
Institut Pasteur, Lille, France.
SOURCE: CURRENT MEDICAL RESEARCH AND OPINION, (1997) 13 (10)
603-16. Ref: 23
Journal code: DUX; 0351014. ISSN: 0300-7995.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199711
ENTRY DATE: Entered STN: 19971224
Last Updated on STN: 19990129
Entered Medline: 19971106

AB There has been much debate over the past three decades concerning the role
of hyperlipidaemia in coronary heart disease (CHD) and the efficacy of
reducing plasma lipids levels. Although reduction in plasma cholesterol

has been associated with a favourable effect on both primary and secondary CHD, there is a growing feeling that cholesterol may not be the only significant lipoprotein risk factor to be involved. Only relatively recently has the true role of triglycerides become apparent. Studies have indicated that the greatest reduction in CHD with some treatments has been found in those patients in whom high triglyceride levels accompany hypercholesterolaemia. In particular, in younger patients who have suffered a **myocardial infarction**, **hypertriglyceridaemia** is more common than hypercholesterolaemia. Nevertheless, recent large studies have shown that reduction of low-density lipoprotein (LDL) is beneficial, even in post-infarction patients with a relatively normal total cholesterol level. Furthermore, studies with fibrates and with HMG Co-A reductase inhibitors have indicated that progression of atheromatous lesions can be halted and in many cases there is evidence of regression. Continuing research on the pathophysiology of atherosclerosis, including the role of macrophages and thrombotic involvement, will further define the role of hypolipidaemics in the prevention and management of coronary heart disease.

AB . . . found in those patients in whom high triglyceride levels accompany hypercholesterolaemia. In particular, in younger patients who have suffered a **myocardial infarction**, **hypertriglyceridaemia** is more common than hypercholesterolaemia. Nevertheless, recent large studies have shown that reduction of low-density lipoprotein (LDL) is beneficial, even. . .

L4 ANSWER 2 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1992:252354 BIOSIS

DOCUMENT NUMBER: BR42:122654

TITLE: LIPOPROTEIN ABNORMALITY AND INCIDENCE OF CORONARY ARTERY DISEASE IN PATIENTS WITH FAMILIAL HYPERCHOLESTEROLEMIA WHO ARE COMBINED WITH DIABETES MELLITUS.

AUTHOR(S): YANAGI K; NAKAMURA T; NOZAKI S; NAGAI Y; FUNAHASHI T; UEMURA Y; JIAO S; KAMEDA-TAKEMURA K; KUBO M; ET AL

CORPORATE SOURCE: 2ND DEP. INTERN. MED., OSAKA UNIV. MED. SCH., OSAKA, JPN.

SOURCE: 55TH ANNUAL SCIENTIFIC MEETING OF THE JAPANESE CIRCULATION SOCIETY, KYOTO, JAPAN, MARCH 1991. JPN CIRC J, (1991) 55 (SUPPL A), 131.

CODEN: JCIRA2. ISSN: 0047-1828.

DOCUMENT TYPE: Conference

FILE SEGMENT: BR; OLD

LANGUAGE: English

IT Miscellaneous Descriptors

ABSTRACT HUMAN MYOCARDIAL INFARCTION
TRIGLYCERIDE

L4 ANSWER 3 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1992:229494 BIOSIS

DOCUMENT NUMBER: BR42:110994

TITLE: PROGNOSIS IN PATIENTS WITH ANGINA-LIKE CHEST PAIN AND NORMAL CORONARY ARTERIOGRAMS A 10-YEAR FOLLOW-UP STUDY.

AUTHOR(S): BARGHEER K; TRAPPE H-J; WENZLAFF P; TRITSCHLER M; LICHTLEN P

CORPORATE SOURCE: HANNOVER MED. SCH., HANNOVER, GER.

SOURCE: 41ST ANNUAL SCIENTIFIC SESSION OF THE AMERICAN COLLEGE OF CARDIOLOGY, DALLAS, TEXAS, USA, APRIL 12-16, 1992. J AM COLL CARDIOL, (1992) 19 (3 SUPPL A), 254A.

CODEN: JACCDI. ISSN: 0735-1097.

DOCUMENT TYPE: Conference

FILE SEGMENT: BR; OLD

LANGUAGE: English

IT Miscellaneous Descriptors

ABSTRACT ANTIANGINAL MEDICATION CHOLESTEROL TRIGLYCERIDE

**MYOCARDIAL INFARCTION CHRONIC COR PULMONALE RISK
FACTORS SMOKERS PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY**

L4 ANSWER 4 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS
ACCESSION NUMBER: 1992:185733 BIOSIS
DOCUMENT NUMBER: BA93:96683
TITLE: CORONARY HEART DISEASE RISK FACTORS BEFORE AND AFTER BYPASS
SURGERY RESULTS OF A CONTROLLED TRIAL ON MULTIFACTORIAL
REHABILITATION.
AUTHOR(S): ENGBLOM E; RONNEMAA T; HAMALAINEN H; KALLIO V; VANTTINEN E;
KNUTS L-R
CORPORATE SOURCE: DEP. MED., TURKU UNIV. CENTRAL HOSP., KIINAMYLLYNKATU 4-8,
SF-20520 TURKU, FINLAND.
SOURCE: EUR HEART J, (1992) 13 (2), 232-237.
CODEN: EHJODF. ISSN: 0195-668X.
FILE SEGMENT: BA; OLD
LANGUAGE: English

AB The effect of a three-phase multifactorial institution-based
rehabilitation programme on coronary heart disease (CHD) risk factors was
studied in an open randomised trial comprising 228 patients undergoing
coronary artery bypass surgery allocated into a rehabilitation (R) group
(n=119) and a hospital (H=control) group (n=109). Follow-up examinations
were performed at 6 and 12 months. Serum total cholesterol and
triglyceride levels decreased significantly in both groups during
follow-up. These decreases were not significantly different between the R
and H groups. Serum high density lipoprotein (HDL) cholesterol level
increased significantly at 6 and 12 months in the R group, but not in the
H group. The differences in the changes between the groups were not
significant. The ratio of serum HDL cholesterol to total cholesterol
increased significantly in the R group from the preoperative value of
0.154 to 0.179 ($P<0.001$) at 6 months and to 0.180 ($P<0.001$) at 12 months.
In the H group these values were 0.152, 0.166 ($P<0.001$) and 0.168
($P<0.001$), respectively. The significance of the differences in the
changes between the groups were $P=0.01$ at 6 months and 0.06 at 12 months.
These differences were more obvious in patients aged 55 years or under.
There was a significant decrease ($P=0.005$) in the proportion of smokers in
the R group and a significant increase in the proportion of patients
taking regular exercise in both groups as assessed by questionnaire. No
changes in blood pressure were observed. The results suggest that
favourable changes in serum lipids can be achieved by well organised
after-care of patients undergoing coronary artery bypass surgery. The
additional benefit from institution-based multifactorial rehabilitation is
a greater increase in the ratio of HDL cholesterol to total cholesterol.
This effect is more marked in young patients.

IT Miscellaneous Descriptors
HUMAN SERUM LIPID HIGH DENSITY LIPOPROTEIN-CHOLESTEROL
TRIGLYCERIDE MYOCARDIAL INFARCTION

L4 ANSWER 5 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS
ACCESSION NUMBER: 1991:405321 BIOSIS
DOCUMENT NUMBER: BA92:72286
TITLE: TRIGLYCERIDE AND GLUCOSE INTOLERANCE AS A RISK FACTOR FOR
CORONARY HEART DISEASE.
AUTHOR(S): YAMAMOTO A; YAMAMURA T; KAWAGUCHI A; KAMEDA K; MATSUZAWA Y
CORPORATE SOURCE: NATL. CARDIOVASCULAR CENT., RES. INST., 5-7-1,
FUJISHIRA-DAI, SUITA-SHI, OSAKA-FU 565, JPN.
SOURCE: CARDIOLOGY, (1991) 78 (3), 185-193.
CODEN: CAGYAO. ISSN: 0008-6312.
FILE SEGMENT: BA; OLD
LANGUAGE: English

AB The electrophoresis of plasma lipoproteins frequently showed midbands
between .beta.- and pre-.beta.-lipoproteins in survivors of myocardial

infarction. There were increases in intermediate-density-lipoprotein (IDL) cholesterol and triglycerides with an increase in IDL cholesterol/triglycerides in the very-low-density-lipoprotein fraction, even if the increase in cholesterol was not so significant. Impaired glucose tolerance (IGT) was also frequently found in these patients. Among the patients with an apparently normal glucose tolerance, the coronary atherosclerosis scores judged by the American Heart Association reporting system on coronary angiography increased as the total insulin area by 75 g oral glucose tolerance test increased. The correlation between the atherosclerosis score and the insulin area was still significant even after adjustment for body mass index and plasma triglyceride level. Our data suggest that hypertriglyceridemia, IGT, and hyperinsulinemia may become independent risk factors for atherosclerosis in addition to cholesterol. Another study showed that the morbidity of coronary heart disease increased with an elevation of plasma triglyceride levels among patients with familial hypercholesterolemia.

IT Miscellaneous Descriptors

HUMAN PLASMA LIPOPROTEIN **HYPERTRIGLYCERIDEMIA**
MYOCARDIAL INFARCTION HYPERINSULINEMIA
 ATHEROSCLEROSIS HYPERCHOLESTEROLEMIA

=> FIL STNGUIDE

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SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

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FILE CONTAINS CURRENT INFORMATION.

LAST RELOADED: Sep 14, 2001 (20010914/UP).

=> d ibib abs kwic 6-9

YOU HAVE REQUESTED DATA FROM FILE 'MEDLINE, BIOSIS, CAPLUS, EMBASE' - CONTINUE?

(Y)/N:y

L4 ANSWER 6 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1991:350463 BIOSIS

DOCUMENT NUMBER: BR41:34978

TITLE: SERUM LIPIDS AND LIPOPROTEIN METABOLISM.

AUTHOR(S): GUSTAFSSON A

CORPORATE SOURCE: DEP. MED., UNIV. LUND, SWEDEN.

SOURCE: Zywienie Czlowieka Metab., (1990) 17 (4), 267-269.

CODEN: ZCMEDQ. ISSN: 0209-164X.

FILE SEGMENT: BR; OLD

LANGUAGE: English

IT Miscellaneous Descriptors

HUMAN DYSLIPOPROTEINEMIA **HYPERTRIGLYCERIDEMIA**
MYOCARDIAL INFARCTION

L4 ANSWER 7 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1991:284034 BIOSIS

DOCUMENT NUMBER: BR41:4454

TITLE: EPIDEMIOLOGICAL STUDY OF RISK FACTORS FOR ORAL HORMONAL
 CONTRACEPTIVE USE IN THE FEDERAL REPUBLIC OF GERMANY
 HEIDELBERG MULTICENTER STUDY ON ORAL CONTRACEPTIVES.

AUTHOR(S): RABE T; GRUNWALD K; THURO H; RUNNEBAUM B

CORPORATE SOURCE: UNIV.-FRAUENKLIN. HEIDELBERG, ABT. GYNEKOL. ENDOKRINOL.,
VOSSSTRASSE 9, D-6900 HEIDELBERG.
SOURCE: KELLER, P. J. (ED.). ASPECTS ACTUELS DE LA CONTRACEPTION
HORMONALE; (CURRENT ASPECTS OF HORMONAL CONTRACEPTION).
IX+88P. S. KARGER AG: BASEL, SWITZERLAND; NEW YORK, NEW
YORK, USA. ILLUS. PAPER, (1991) 0 (0), 32-43.
ISBN: 3-8055-5263-7.
FILE SEGMENT: BR; OLD
LANGUAGE: French
IT Miscellaneous Descriptors
HUMAN ETHYNYLESTRADIOL HORMONE AGENT CONTRACEPTIVE AGENT CHOLESTEROL
TRIGLYCERIDE MYOCARDIAL INFARCTION STROKE
DIABETES FAMILY HISTORY

L4 ANSWER 8 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS
ACCESSION NUMBER: 1990:502148 BIOSIS
DOCUMENT NUMBER: BR39:114144
TITLE: CLINICAL VALUE OF AN INCREASE IN BLOOD LIPIDS AND
LIPOPROTEINS IN SUGAR ADMINISTRATION TO PATIENTS WITH
CORONARY HEART DISEASE AND ATHEROSCLEROSIS.
AUTHOR(S): TIKHONOV V P; NEMCHUK F A; KARPENKO A V
CORPORATE SOURCE: DIV. THER., FAC. POSTGRAD. MED., VOLGOGOR. MED. INST.,
VOLGOGRAD, USSR.
SOURCE: Kazan. Med. Zh., (1990) 71 (1), 6-10.
CODEN: KAMZA9. ISSN: 0368-4814.
FILE SEGMENT: BR; OLD
LANGUAGE: Russian
IT Miscellaneous Descriptors
CHOLESTEROL **TRIGLYCERIDE MYOCARDIAL**
INFARCTION ANGINA ELECTROPHORESIS VELERGOMETRY

L4 ANSWER 9 OF 31 BIOSIS COPYRIGHT 2001 BIOSIS
ACCESSION NUMBER: 1990:422990 BIOSIS
DOCUMENT NUMBER: BA90:83791
TITLE: 5-YEAR INCIDENCE OF ATHEROSCLEROTIC VASCULAR DISEASE IN
RELATION TO GENERAL RISK FACTORS INSULIN LEVEL AND
ABNORMALITIES IN LIPOPROTEIN COMPOSITION IN
NON-INSULIN-DEPENDENT DIABETIC AND NONDIABETIC SUBJECTS.
AUTHOR(S): UUSITUPA M I J; NISKANEN L K; SIITONEN O; VOUTILAINEN E;
PYORALA K
CORPORATE SOURCE: DEP. CLINICAL NUTRITION, UNIVERSITY KUOPIO, P.O. BOX 6,
70211 KUOPIO, FINLAND.
SOURCE: CIRCULATION, (1990) 82 (1), 27-36.
CODEN: CIRCAZ. ISSN: 0009-7322.
FILE SEGMENT: BA; OLD
LANGUAGE: English

AB The 5-year incidence of myocardial infarction and claudication was
examined in a group of middle-aged patients (n = 133, 70 men and 63 women)
with newly diagnosed non-insulin-dependent diabetes and nondiabetic
control subjects (n = 144, 62 men and 82 women). The effects of general
risk factors, plasma insulin level, and lipoprotein abnormalities on the
incidence of myocardial infarction and claudication were also evaluated by
univariate analyses in both diabetic patients and nondiabetic subjects
and by multivariate analyses combining both groups. The age-adjusted
incidence of myocardial infarction was higher both in diabetic men (19.4%)
and diabetic women (11.0%) than in nondiabetic men (3.2%, p = 0.009) and
nondiabetic women (3.0%, p = 0.047). Similarly, the age-adjusted incidence
of claudication was higher among the diabetic patients (20.3% vs. 8.0% for
men, p = 0.06; 21.8% vs. 4.2% for women, p = 0.003). None of the general
risk factors (i.e., low density lipoprotein [LDL] cholesterol, blood
pressure, smoking, and high density lipoprotein [HDL] cholesterol) showed
an association with the risk of myocardial infarction either in the

diabetic or nondiabetic groups of subjects, but an ischemic electrocardiographic abnormality at the baseline examination predicted myocardial infarction in diabetic men. In univariate analyses in diabetic subjects, high serum total cholesterol, low HDL cholesterol, high very low density lipoprotein (VLDL) cholesterol, and high total, LDL and VLDL triglycerides, and in nondiabetic subjects, high VLDL cholesterol and LDL triglycerides were associated with the appearance of claudication. In multivariate analyses including both diabetic and control subjects, only diabetes had an independent association with myocardial infarction, whereas smoking, high LDL triglycerides or VLDL cholesterol, and high fasting plasma insulin showed independent relations to claudication. The present results indicate that changes in lipoprotein composition characteristic of non-insulin-dependent diabetes are atherogenic and increase the risk of atherosclerotic vascular disease. Furthermore, high plasma insulin might also be involved in atherogenesis, independent of lipoprotein abnormalities.

IT Miscellaneous Descriptors

HUMAN BLOOD PRESSURE HIGH DENSITY LIPOPROTEIN CHOLESTEROL VERY LOW
DENSITY LIPOPROTEIN CHOLESTEROL **TRIGLYCERIDE**
MYOCARDIAL INFARCTION CLAUDICATION STATISTICS SMOKING
ELECTROCARDIOGRAPHY

=> d ibib abs kwic 25-31

YOU HAVE REQUESTED DATA FROM FILE 'MEDLINE, BIOSIS, CAPLUS, EMBASE' - CONTINUE?
(Y)/N:y

L4 ANSWER 25 OF 31 CAPLUS COPYRIGHT 2001 ACS

ACCESSION NUMBER: 1998:423079 CAPLUS

DOCUMENT NUMBER: 129:211098

TITLE: A lipid hypothesis: prediction, observation and the triglyceride/HDL gap

AUTHOR(S): Deslypere, J. -P.; Jackson, G.

CORPORATE SOURCE: BARC Asia Pacific Pte Ltd, Djakarta, Indonesia

SOURCE: Curr. Med. Res. Opin. (1998), 14(2), 65-78

CODEN: CMROCX; ISSN: 0300-7995

PUBLISHER: LibraPharm Ltd.

DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

AB A review, with refs. Lowering serum lipid levels prevents myocardial infarctions. But are the authors targeting the right lipoproteins in the authors' preventive therapy. Are the authors getting the max. benefit. Triglycerides certainly deserve more attention than they have yet received. Most of the trials of lipid-lowering therapy have ignored them and this omission may explain the divergence between the fall in morbidity predicted from the epidemiol. evidence and the redns. obsd. in the clin. trials. The evidence that the statins reduce coronary morbidity and mortality, and that this redn. is assocd. with a fall in LDL cholesterol, is overwhelming. But the potential value of the statins may be limited by their relative inability to increase the concn. of cardioprotective HDL. The fibrates, either alone, or in combination with a statin, retain a central role in the management of patients with mixed hyperlipidemia who are undoubtedly at high risk of premature coronary artery disease.

IT Anticholesteremic agents

Cardioprotectants

Myocardial infarction

(triglyceride/HDL gap in relation to hypocholesterolemics and cardioprotection)

L4 ANSWER 26 OF 31 CAPLUS COPYRIGHT 2001 ACS

ACCESSION NUMBER: 1997:375350 CAPLUS
 DOCUMENT NUMBER: 127:49863
 TITLE: Triglyceride rich particles and atherosclerosis. Role of omega-3 fatty acid
 AUTHOR(S): Fruchart, J. Ch.
 CORPORATE SOURCE: Serlia et INSERM U325, Institut Pasteur, Lille, 59019, Fr.
 SOURCE: Omega-3 Lipoproteins Atheroscler., Proc. Int. Symp., 2nd (1996), Meeting Date 1995, 121-128. Editor(s): Davignon, Jean; Fruchart, J. Ch.; Ordovas, J. M. Libbey Eurotext: Montrouge, Fr.
 CODEN: 64NYA3
 DOCUMENT TYPE: Conference
 LANGUAGE: English
 AB Accumulating evidence indicates that apo C-III decreases plasma triglyceride-rich lipoprotein catabolism. This implies decrease in vivo lipolysis and tissue uptake. Epidemiol. and angiog. trial have demonstrated the clin. importance of the quantitation of apo C-II contg. particle. Lipid lowering medications appear to have specific effects on apo C-III contg. lipoproteins.
 IT Atherosclerosis
 Fibroblast
Myocardial infarction
 (triglyceride rich particles and atherosclerosis - role of omega-3 fatty acid)

L4 ANSWER 27 OF 31 CAPLUS COPYRIGHT 2001 ACS

ACCESSION NUMBER: 1997:6235 CAPLUS
 DOCUMENT NUMBER: 126:57090
 TITLE: Triglycerides determination in protein fractions, enzyme solution for carrying out the method, and use of the method
 INVENTOR(S): Wieland, Heinrich; Maerz, Winfried; Nauck, Matthias; Winkler, Karl
 PATENT ASSIGNEE(S): Wieland, Heinrich,, Germany; Maerz, Winfried; Nauck Matthias; Winkler, Karl
 SOURCE: Ger. Offen., 12 pp.
 CODEN: GWXXBX
 DOCUMENT TYPE: Patent
 LANGUAGE: German
 FAMILY ACC. NUM. COUNT: 1
 PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
DE 19520210	A1	19961205	DE 1995-19520210	19950601
AB	A method is disclosed for the detn. of triglycerides in lipoprotein fractions of blood serum by the following steps: (1) gel electrophoretic sepn. of the protein fractions in a suitable matrix (i.e., agarose and/or polyacrylamide); (2) enzymic splitting of the triglycerides; and (3) detn. of the glycerol obtained in step 2. For performing this method, an enzyme soln. that is esp. suitable contains esterase, glycerokinase, and glycerol 3-phosphate dehydrogenase, and preferably addnl. triose phosphate isomerase, glyceraldehyde 3-phosphate dehydrogenase, and an electron coupler. The method may be used for the in vitro diagnosis of blood vessel disease and heart infarction.			
IT	Blood analysis Coronary artery disease Gel electrophoresis Myocardial infarction Vascular diseases (triglycerides enzymic detn. in protein fractions)			

L4 ANSWER 28 OF 31 CAPLUS COPYRIGHT 2001 ACS

ACCESSION NUMBER: 1987:193909 CAPLUS

DOCUMENT NUMBER: 106:193909

TITLE: Blood serum lipids in men less than 45 years of age with primary hypertriglyceridemia and after the myocardial infarction. Part II. Phospholipids

AUTHOR(S): Torbus-Lisiecka, Barbara; Chelstowski, Kornel; Gregorczyk, Janusz; Wesolowska, Teresa

CORPORATE SOURCE: Zakl. Biochem. Klin. Diagnost. Lab., Pomor. Akad. Med., Szczecin, Pol.

SOURCE: Przegl. Lek. (1986), 43(9), 624-7

CODEN: PRLKAV; ISSN: 0033-2240

DOCUMENT TYPE: Journal

LANGUAGE: Polish

AB The multifactor dependence of particular phospholipid fractions and of remaining fractions and lipid compds. as well as of lipid and glucose elimination coeffs. in men with primary hypertriglyceridemia, normolipemic men after myocardial infarction, men with myocardial infarction and assocd. hypertriglyceridemia, and clin. healthy subjects has been evaluated. In multiple regression equations describing glycerol phospholipids the importance of free fatty acids (general pool, particular acids, or relationship between the satd. and nonsatd. acids) has been established.

IT Fatty acids, biological studies

Phospholipids, biological studies

RL: BIOL (Biological study)

(of blood serum after **myocardial infarction**,
hypertriglyceridemia in humans in relation to)

IT 57-10-3, Palmitic acid, biological studies 57-11-4, Stearic acid, biological studies 57-88-5, Cholesterol, biological studies 60-33-3, Linoleic acid, biological studies 112-80-1, Oleic acid, biological studies 463-40-1, Linolenic acid 506-32-1, Arachidonic acid

RL: BIOL (Biological study)

(of blood serum after **myocardial infarction**,
hypertriglyceridemia in humans in relation to)

L4 ANSWER 29 OF 31 CAPLUS COPYRIGHT 2001 ACS

ACCESSION NUMBER: 1987:193908 CAPLUS

DOCUMENT NUMBER: 106:193908

TITLE: Blood serum lipids in men less than 45 years of age with primary hypertriglyceridemia and after the myocardial infarction. Part I. Triglycerides

AUTHOR(S): Torbus-Lisiecka, Barbara; Wira, Daniela; Gregorczyk, Janusz; Olejak, Bronislaw; Chelstowski, Kornel

CORPORATE SOURCE: Zakl. Biochem. Klin. Diagnost. Lab., Pomor. Akad. Med., Szczecin, Pol.

SOURCE: Przegl. Lek. (1986), 43(9), 619-23

CODEN: PRLKAV; ISSN: 0033-2240

DOCUMENT TYPE: Journal

LANGUAGE: Polish

AB The studies involved men under 45 yr of age who were normolipemic after myocardial infarction, men who were hypertriglyceridemic after myocardial infarction, and men with primary hypertriglyceridemia. Blood serum content of total phospholipids, lecithin, free cholesterol, and .beta.-lipoprotein-bound cholesterol differed between hypertriglyceridemic and normolipemic men independent of ischemic disease. Free palmitic and stearic acid levels (and other free fatty acids) differed between men with infarction assocd. with hypertriglyceridemia and men with primary hypertriglyceridemia. Blood serum contents of arachidonic and oleic acids differed between normolipemic men with infarctions and clin. healthy men. Multiple regression equations are presented relating serum triglycerides

to phospholipids and free fatty acids.

IT Fatty acids, biological studies
 Phospholipids, biological studies
 RL: BIOL (Biological study)
 (of blood serum after **myocardial infarction**,
hypertriglyceridemia in humans in relation to)

IT 57-10-3, Palmitic acid, biological studies 57-11-4, Stearic acid,
 biological studies 57-88-5, Cholesterol, biological studies 60-33-3,
 Linoleic acid, biological studies 112-80-1, Oleic acid, biological
 studies 463-40-1, Linolenic acid 506-32-1, Arachidonic acid
 RL: BIOL (Biological study)
 (of blood serum after **myocardial infarction**,
hypertriglyceridemia in humans in relation to)

L4 ANSWER 30 OF 31 CAPLUS COPYRIGHT 2001 ACS

ACCESSION NUMBER: 1977:482634 CAPLUS
 DOCUMENT NUMBER: 87:82634
 TITLE: The role of serum triglycerides as a coronary risk
 factor
 AUTHOR(S): Pristautz, H.; Pavsek, P.; Klein, W.
 CORPORATE SOURCE: Med. Universitaetsklin., Graz, Austria
 SOURCE: Z. Kardiol. (1977), 66(5), 216-19
 CODEN: ZKRDAX
 DOCUMENT TYPE: Journal
 LANGUAGE: German

AB Patients with various types of hyperlipoproteinemia and persons with
 normal serum lipid levels were examd. for the frequency of angina pectoris
 and myocardial infarction. As a risk factor of myocardial infarction,
 Fredrickson's Type IIb hyperlipoproteinemia classification ranked highest,
 followed by simultaneous elevation of serum cholesterol and serum
 triglycerides regardless of the lipid-electrophoretic pattern, followed by
 Fredrickson's Type IV and finally by isolated hypercholesterolemia and
 Fredrickson's Type IIa. For angina pectoris, the order was slightly
 different: the highest risk factor was the simultaneous elevation of serum
 cholesterol and serum triglycerides, followed by hyperlipoproteinemia Type
 IV, hyperlipoproteinemia Type IIb, and finally hypercholesterolemia. The
 risk of both myocardial infarction and angina pectoris caused by isolated
 hypertriglycerolemia was not statistically significant. The same
 observation was made for the risk of angina pectoris in
 hyperlipoproteinemia Type IIa. The results indicate that an elevation of
 serum triglycerides plays a minor role as a coronary risk factor in
 comparison to hypercholesterolemia.

ST serum **triglyceride heart attack** risk;
 lipoprotein blood heart attack risk

L4 ANSWER 31 OF 31 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 97290106 EMBASE
 DOCUMENT NUMBER: 1997290106
 TITLE: Is cholesterol the major lipoprotein risk factor in
 coronary heart disease? - A France-Scottish overview.
 AUTHOR: Fruchart J.C.; Packard C.J.
 CORPORATE SOURCE: Prof. J.C. Fruchart, Department of Atherosclerosis,
 Institut Pasteur, Lille, France
 SOURCE: Current Medical Research and Opinion, (1997) 13/10
 (603-616).
 Refs: 23
 ISSN: 0300-7995 CODEN: CMROCX
 COUNTRY: United Kingdom
 DOCUMENT TYPE: Journal; General Review
 FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
 LANGUAGE: English
 SUMMARY LANGUAGE: English

AB There has been much debate over the past three decades concerning the role of hyperlipidaemia in coronary heart disease (CHD) and the efficacy of reducing plasma lipids levels. Although reduction in plasma cholesterol has been associated with a favourable effect on both primary and secondary CHD, there is a growing feeling that cholesterol may not be the only significant lipoprotein risk factor to be involved. Only relatively recently has the true role of triglycerides become apparent. Studies have indicated that the greatest reduction in CHD with some treatments has been found in those patients in whom high triglyceride levels accompany hypercholesterolaemia. In particular, in younger patients who have suffered a **myocardial infarction**, **hypertriglyceridaemia** is more common than hypercholesterolaemia. Nevertheless, recent large studies have shown that reduction of low-density lipoprotein (LDL) is beneficial, even in post-infarction patients with a relatively normal total cholesterol level. Furthermore, studies with fibrates and with HMG Co-A reductase inhibitors have indicated that progression of atheromatous lesions can be halted and in many cases there is evidence of regression. Continuing research on the pathophysiology of atherosclerosis, including the role of macrophages and thrombotic involvement, will further define the role of hypolipidaemics in the prevention and management of coronary heart disease.

AB . . . found in those patients in whom high triglyceride levels accompany hypercholesterolaemia. In particular, in younger patients who have suffered a **myocardial infarction**, **hypertriglyceridaemia** is more common than hypercholesterolaemia. Nevertheless, recent large studies have shown that reduction of low-density lipoprotein (LDL) is beneficial, even. . .

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NEWS EXPRESS	August 15 CURRENT WINDOWS VERSION IS V6.0c, CURRENT MACINTOSH VERSION IS V6.0 (ENG) AND V6.0J (JP), AND CURRENT DISCOVER FILE IS DATED 07 AUGUST 2001
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=> s ?triglycerid?
L1 201819 ?TRIGLYCERID?

=> s myocardial infarction or heart attack
L2 249215 MYOCARDIAL INFARCTION OR HEART ATTACK

=> s risk
L3 1459662 RISK

=> s l1 (s) l2 (s) l3
L4 1883 L1 (S) L2 (S) L3

=> s l3 (5a) l2
L5 11815 L3 (5A) L2

=> s l5 (s) l1
L6 551 L5 (S) L1

=> s l3 (3a) l2
L7 8964 L3 (3A) L2

=> s l7 (s) l1
L8 466 L7 (S) L1

=> dup rem l8
PROCESSING COMPLETED FOR L8
L9 251 DUP REM L8 (215 DUPLICATES REMOVED)

=> d scan

L9 251 ANSWERS CAPLUS COPYRIGHT 2001 ACS
 CC 14-5 (Mammalian Pathological Biochemistry)
 Section cross-reference(s): 3
 TI Association of coagulation factor VII with the risk of myocardial
 infarction in the Chinese
 ST coagulation factor VII risk myocardial infarction Chinese
 IT Allele frequency
 Genetic polymorphism
 Genotypes
 Risk assessment
 Susceptibility (genetic)
 (assocn. of coagulation factor VII with risk of myocardial infarction
 in Chinese humans in relation to polymorphism and blood lipids)
 IT Gene, animal
 RL: ADV (Adverse effect, including toxicity); BOC (Biological occurrence);
 PRP (Properties); BIOL (Biological study); OCCU (Occurrence)
 (assocn. of coagulation factor VII with risk of myocardial infarction
 in Chinese humans in relation to polymorphism and blood lipids)
 IT Blood serum
 (cholesterol and **triglycerides**; assocn. of coagulation factor
 VII with **risk of myocardial infarction** in
 Chinese humans in relation to polymorphism and blood lipids)
 IT Blood plasma
 (factor VIIc and **triglyceride**; assocn. of coagulation factor
 VII with **risk of myocardial infarction** in
 Chinese humans in relation to polymorphism and blood lipids)
 IT Heart, disease
 (infarction; assocn. of coagulation factor VII with risk of myocardial
 infarction in Chinese humans in relation to polymorphism and blood
 lipids)
 IT Glycerides, biological studies
 RL: BOC (Biological occurrence); BIOL (Biological study); OCCU
 (Occurrence)
 (plasma and serum; assocn. of coagulation factor VII with risk of
 myocardial infarction in Chinese humans in relation to polymorphism and
 blood lipids)
 IT 9001-25-6, Blood-coagulation factor VIIc
 RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or
 effector, except adverse); BOC (Biological occurrence); PRP (Properties);
 BIOL (Biological study); OCCU (Occurrence)
 (plasma; assocn. of coagulation factor VII with risk of myocardial
 infarction in Chinese humans in relation to polymorphism and blood
 lipids)
 IT 57-88-5, Cholesterol, biological studies
 RL: BOC (Biological occurrence); BIOL (Biological study); OCCU
 (Occurrence)
 (serum; assocn. of coagulation factor VII with risk of myocardial
 infarction in Chinese humans in relation to polymorphism and blood
 lipids)

HOW MANY MORE ANSWERS DO YOU WISH TO SCAN? (1):2

L9 251 ANSWERS USPATFULL
 AN 1999:121337 USPATFULL
 TI Method of lowering serum cholesterol levels with 2,6-di-alkyl-4-silyl-
 phenols
 NCL NCLM: 514/063.000
 NCLS: 556/447.000; 556/449.000
 IC [6]
 ICM: A61K031-695
 GI SECTION PAGES FORMAT SIZE

FRONT PAGE	1	PAGE.FP	53K
DESCRIPTION	2-9	PAGE.DESC	774K
CLAIMS	9-9	PAGE.CLM	82K
COMPLETE	1-9	PAGE.ALL	827K

Use PAGE(n) to retrieve a specific page

L9 251 ANSWERS BIOSIS COPYRIGHT 2001 BIOSIS
 TI Peripheral, rather than hepatic, insulin resistance and atherogenic
 lipoprotein phenotype predict cardiovascular complications in NIDDM.
 IT Miscellaneous Descriptors
 CARDIAC ISCHEMIC DISEASE; GLUCOSE UTILIZATION; HYPERINSULINEMIA;
 HYPERTENSION; LOW DENSITY LIPOPROTEIN; MICROALBUMINEMIA;
 NON-INSULIN-DEPENDENT DIABETES MELLITUS; SERUM LEVEL; TRIGLYCERIDE

HOW MANY MORE ANSWERS DO YOU WISH TO SCAN? (1):0

=> s l9 (s) serum

L10 81 L9 (S) SERUM

=> d scan

L10 81 ANSWERS USPATFULL
 AN 1999:121337 USPATFULL
 TI Method of lowering serum cholesterol levels with 2,6-di-alkyl-4-silyl-
 phenols
 NCL NCLM: 514/063.000
 NCLS: 556/447.000; 556/449.000
 IC [6]
 ICM: A61K031-695
 GI

SECTION	PAGES	FORMAT	SIZE
FRONT PAGE	1	PAGE.FP	53K
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HOW MANY MORE ANSWERS DO YOU WISH TO SCAN? (1):3

L10 81 ANSWERS BIOSIS COPYRIGHT 2001 BIOSIS
 TI Plasma Lp(a) and t-PA-PAI-1 complex levels in coronary heart disease.
 IT Miscellaneous Descriptors
 ATHEROSCLEROSIS; CHOLESTEROL; HIGH DENSITY LIPOPROTEIN; LIPOPROTEIN A;
 LOW DENSITY LIPOPROTEIN; PATHOGENESIS; TISSUE-TYPE PLASMINOGEN
 ACTIVATOR-PLASMINOGEN ACTIVATOR INHIBITOR-1; TRIGLYCERIDE

L10 81 ANSWERS USPATFULL
 AN 90:32185 USPATFULL
 TI Nutritional support or therapy for individuals at risk or under
 treatment for atherosclerotic vascular, cardiovascular, and/or
 thrombotic diseases
 NCL NCLM: 514/002.000
 NCLS: 514/023.000; 514/558.000; 514/560.000; 514/561.000; 514/562.000;
 514/564.000; 514/824.000; 514/943.000
 IC [5]
 ICM: A61K037-02
 ICS: A61K031-195; A61K031-715
 PAGE IMAGES NOT AVAILABLE FOR THIS PATENT

L10 81 ANSWERS USPATFULL
AN 97:36181 USPATFULL
TI Hypotriglyceridemic aminoacetylmercapto derivatives
NCL NCLM: 514/212.050
NCLS: 514/221.000; 514/237.200; 514/248.000; 514/315.000; 514/397.000;
514/405.000; 514/408.000

IC [6]
ICM: A61K031-55
ICS: A61K031-535

PAGE IMAGES NOT AVAILABLE FOR THIS PATENT

HOW MANY MORE ANSWERS DO YOU WISH TO SCAN? (1):0

=> d ti tot

L10 ANSWER 1 OF 81 MEDLINE
TI Relationship of serum C3 to fasting insulin, risk factors and previous ischaemic events in middle-aged men.

L10 ANSWER 2 OF 81 MEDLINE
TI Distribution and determinants of ischaemic heart disease in an urban population. A study from the myocardial infarction register in Malmo, Sweden.

L10 ANSWER 3 OF 81 MEDLINE
TI Influence of **serum triglyceride** levels on the **risk for myocardial infarction** in 12,510 middle aged males: interaction with **serum** cholesterol.

L10 ANSWER 4 OF 81 MEDLINE
TI Relationship between serum C3 levels and traditional risk factors for myocardial infarction.

L10 ANSWER 5 OF 81 MEDLINE
TI An epidemiological study on the association between the total leukocyte and neutrophil counts, and risk factors of ischemic heart disease by smoking status in Japanese factory workers.

L10 ANSWER 6 OF 81 MEDLINE
TI Prediction of myocardial infarction in dyslipidemic men by elevated levels of immunoglobulin classes A, E, and G, but not M.

L10 ANSWER 7 OF 81 MEDLINE
TI [Reverse cholesterol transport and use of transgenic mice and rabbits to reveal candidate genes for protection against atherosclerosis].
Le transport inverse du cholesterol et l'utilisation de souris et de lapins transgeniques, pour mettre en evidence les genes-candidats pour la protection de l'atherosclerose.

L10 ANSWER 8 OF 81 MEDLINE
TI Relationship of blood coagulation and fibrinolysis to vital exhaustion.

L10 ANSWER 9 OF 81 MEDLINE
TI Relationship of serum ferritin concentrations with metabolic cardiovascular risk factors in men without evidence for coronary artery disease.

L10 ANSWER 10 OF 81 MEDLINE
TI Relationship of obesity and body fat distribution with ceruloplasmin serum levels.

L10 ANSWER 11 OF 81 MEDLINE

TI The pituitary-gonadal axis and health in elderly men: a study of men born in 1913.

L10 ANSWER 12 OF 81 MEDLINE
 TI Angiotensin converting enzyme polymorphism is associated with severity of coronary heart disease and serum lipids (total cholesterol and triglycerides levels) in Japanese patients.

L10 ANSWER 13 OF 81 MEDLINE
 TI Incidence of myocardial infarction in elderly men being treated with antihypertensive drugs: population based cohort study.

L10 ANSWER 14 OF 81 MEDLINE
 TI Hypertriglyceridemia and elevated lipoprotein(a) are risk factors for major coronary events in middle-aged men.

L10 ANSWER 15 OF 81 MEDLINE
 TI Evidence for an association between dehydroepiandrosterone sulfate and nonfatal, premature myocardial infarction in males.

L10 ANSWER 16 OF 81 MEDLINE
 TI Risk factors of stroke incidence and mortality. A 12-year follow-up of the Oslo Study.

L10 ANSWER 17 OF 81 MEDLINE
 TI [Type of behavior pattern and risk factors in young men after myocardial infarction].
 Typ wzoru zachowania a czynniki zagrozenia u mlodych mezczyzn po zawale serca.

L10 ANSWER 18 OF 81 MEDLINE
 TI Lipids, lipoproteins and other coronary risk factors in Chinese male survivors of myocardial infarction.

L10 ANSWER 19 OF 81 MEDLINE
 TI Lipoprotein (a) as an independent risk factor for myocardial infarction in patients with common hypercholesterolaemia.

L10 ANSWER 20 OF 81 MEDLINE
 TI Polycystic ovary syndrome and risk for myocardial infarction. Evaluated from a risk factor model based on a prospective population study of women.

L10 ANSWER 21 OF 81 MEDLINE
 TI High stored iron levels are associated with excess risk of myocardial infarction in eastern Finnish men.

L10 ANSWER 22 OF 81 MEDLINE
 TI The effect of diet and aspirin on patient outcome after myocardial infarction.

L10 ANSWER 23 OF 81 MEDLINE
 TI Oral contraception: past, present, and future perspectives.

L10 ANSWER 24 OF 81 MEDLINE
 TI Oral contraception: past, present, and future perspectives.

L10 ANSWER 25 OF 81 MEDLINE
 TI Predictors of arteriographically defined coronary stenosis in the Honolulu Heart Program. Comparisons of cohort and arteriography series analyses.

L10 ANSWER 26 OF 81 MEDLINE
 TI HDL, HDL2, and HDL3 subfractions, and the risk of acute myocardial

infarction. A prospective population study in eastern Finnish men.

L10 ANSWER 27 OF 81 MEDLINE

TI [Serum cholesterol, serum triglyceride, alcohol, myocardial infarction and death (2): necessary to pay attention to serum GT in assessment of risks of myocardial infarction and death].
Serumkolesterol, serumtriglycerid, alkohol, hjartinfarkt och dod (2):
Nodvandigt beakta serum-GT vid bedomning av riskprofil for hjartinfarkt och dod.

L10 ANSWER 28 OF 81 MEDLINE

TI 5-year incidence of atherosclerotic vascular disease in relation to general risk factors, insulin level, and abnormalities in lipoprotein composition in non-insulin-dependent diabetic and nondiabetic subjects.

L10 ANSWER 29 OF 81 MEDLINE

TI Effect of short-term beta blockade on serum lipid levels and on the interaction of LDL with human arterial proteoglycans.

L10 ANSWER 30 OF 81 MEDLINE

TI Lipoprotein(a) is an independent risk factor for myocardial infarction at a young age.

L10 ANSWER 31 OF 81 MEDLINE

TI The Tromso Heart Study: serum selenium and risk of myocardial infarction a nested case-control study.

L10 ANSWER 32 OF 81 MEDLINE

TI Risk factors in young Indian males with myocardial infarction.

L10 ANSWER 33 OF 81 MEDLINE

TI Sex hormone levels in young Indian patients with myocardial infarction.

L10 ANSWER 34 OF 81 MEDLINE

TI Increased plasma levels of a rapid inhibitor of tissue plasminogen activator in young survivors of myocardial infarction.

L10 ANSWER 35 OF 81 MEDLINE

TI Lipids, diabetes, and coronary heart disease: insights from the Framingham Study.

L10 ANSWER 36 OF 81 MEDLINE

TI Serum triglycerides are a risk factor for myocardial infarction but not for angina pectoris.
Results from a 10-year follow-up of Uppsala primary preventive study.

L10 ANSWER 37 OF 81 MEDLINE

TI Serum triglycerides--an independent risk factor for myocardial infarction but not for angina pectoris.

L10 ANSWER 38 OF 81 MEDLINE

TI Hypergastrinemia--a risk factor for myocardial infarction?.

L10 ANSWER 39 OF 81 MEDLINE

TI Metabolic effects of alcohol.

L10 ANSWER 40 OF 81 MEDLINE

TI Relation of serum cholesterol and triglycerides to the risk of acute myocardial infarction, cerebral stroke and death in eastern Finnish male population.

L10 ANSWER 41 OF 81 MEDLINE
 TI Glucose tolerance, plasma insulin and alpha-lipoproteins in young male myocardial infarction survivors compared with controls matched on serum cholesterol concentration.

L10 ANSWER 42 OF 81 MEDLINE
 TI Double pre-beta lipoprotein in ischaemic heart disease.

L10 ANSWER 43 OF 81 MEDLINE
 TI [Blood viscosity measurements in coronary infarct patients].
 Blutviskositätsmessungen bei Herzinfarktpatienten.

L10 ANSWER 44 OF 81 MEDLINE
 TI [The serum triglycerides and their role as a coronary risk factor (author's transl)].
 Die Rolle der Serumtriglyceride als koronarer Risikofaktor.

L10 ANSWER 45 OF 81 MEDLINE
 TI [Metabolism studies with coffee and caffeine in healthy subjects, diabetics and patients with liver disease].
 Stoffwechseluntersuchungen mit Kaffee und Coffein bei Gesunden, Diabetikern und Leberkranken.

L10 ANSWER 46 OF 81 MEDLINE
 TI Risk factors for myocardial infarction and death due to ischemic heart disease and other causes.

L10 ANSWER 47 OF 81 CAPLUS COPYRIGHT 2001 ACS
 TI Concurrent administration of sustained-release bezafibrate may counteract the increased thrombotic risk associated with oral estrogen therapy

L10 ANSWER 48 OF 81 CAPLUS COPYRIGHT 2001 ACS
 TI Association of coagulation factor VII with the risk of myocardial infarction in the Chinese

L10 ANSWER 49 OF 81 CAPLUS COPYRIGHT 2001 ACS
 TI Physiological and cytogenetic studies on the role of garlic (*Allium sativum*) in lipid metabolism in adult and senile hypercholesterolemic rats.

L10 ANSWER 50 OF 81 BIOSIS COPYRIGHT 2001 BIOSIS
 TI Plasma Lp(a) and t-PA-PAI-1 complex levels in coronary heart disease.

L10 ANSWER 51 OF 81 BIOSIS COPYRIGHT 2001 BIOSIS
 TI Combined treatment with pravastatin and gemfibrozil in patients with refractory familial combined hyperlipidaemia: A clinical study.

L10 ANSWER 52 OF 81 BIOSIS COPYRIGHT 2001 BIOSIS
 TI SIGNIFICANCE OF A1 B APOLIPOPROTEINS AND APOLIPOPROTEIN INDEX IN MYOCARDIAL INFARCTION.

L10 ANSWER 53 OF 81 BIOSIS COPYRIGHT 2001 BIOSIS
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RISQUE ASSOCIES A L'HYPERTENSION ARTERIELLE.
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HERZ-KREISLAUF-ERKRANKUNGEN UND IHRE RISIKOFAKTOREN NACH BERUFLICHER
EXPOSITION GEGENUBER DIOXINEN UND FURANEN.
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complications.
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TI Pilot study of the effect of the simvastatin-ciprofibrate combination on
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TI **Serum triglycerides** - an independent **risk**
factor for **myocardial infarction** but not for angina
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TI Hyperlipidemia. What is 'normal', who should be treated and how.
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genetic risk factors.
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TI Multivariate analysis of risk factors for coronary heart disease in male
patients.
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TI Significance of increased prebeta lipoproteins in myocardial infarction.
- L10 ANSWER 68 OF 81 USPATFULL
TI Alkyl-4-silylheterocyclic phenols and thiophenols useful as antioxidant
agents
- L10 ANSWER 69 OF 81 USPATFULL
TI Substituted phenols and thiophenols useful as antioxidant agents
- L10 ANSWER 70 OF 81 USPATFULL
TI Hypocholesterolemic, antiatherosclerotic and hypotriglyceridemic

mercaptoacetylamine disulfide derivatives

L10 ANSWER 71 OF 81 USPATFULL
TI Method of lowering serum cholesterol levels with 2,6-di-alkyl-4-silyl-phenols

L10 ANSWER 72 OF 81 USPATFULL
TI Method of lowering serum cholesterol levels with 2,6-di-alkyl-4-silyl-phenols

L10 ANSWER 73 OF 81 USPATFULL
TI Hypotriglyceridemic aminoacetylmercapto derivatives

L10 ANSWER 74 OF 81 USPATFULL
TI Alkyl-4-silyl-phenols and esters thereof as antiatherosclerotic agents

L10 ANSWER 75 OF 81 USPATFULL
TI Method for lowering total serum cholesterol and treating hypercholesterolemia with aminoacetylmercapto derivatives

L10 ANSWER 76 OF 81 USPATFULL
TI Hypocholesterolemic, antiatherosclerotic and hypotriglyceridemic mercaptoacetylamine and benzazapine derivatives

L10 ANSWER 77 OF 81 USPATFULL
TI Simplified thioester and isostere analogs of oleoyl coenzyme A as hypocholesterolemic agents

L10 ANSWER 78 OF 81 USPATFULL
TI Simplified thioester and isostere analogs of oleoyl coenzyme a as hypocholesterolemic agents

L10 ANSWER 79 OF 81 USPATFULL
TI Hypolipidaemic imidazol-2-yl-derivatives of bicyclic compounds

L10 ANSWER 80 OF 81 USPATFULL
TI Nutritional support or therapy for individuals at risk or under treatment for atherosclerotic vascular, cardiovascular, and/or thrombotic diseases

L10 ANSWER 81 OF 81 USPATFULL
TI Reagents for the enzymatic determination of triglycerides

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L10 ANSWER 37 OF 81 MEDLINE
ACCESSION NUMBER: 85163634 MEDLINE
DOCUMENT NUMBER: 85163634 PubMed ID: 3982472
TITLE: **Serum triglycerides--an independent risk factor for myocardial infarction** but not for angina pectoris.
AUTHOR: Carlson L A; Aberg H
SOURCE: NEW ENGLAND JOURNAL OF MEDICINE, (1985 Apr 25) 312 (17) 1127.
Journal code: NOW; 0255562. ISSN: 0028-4793.
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TI **Serum triglycerides**--an independent **risk**
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pectoris.

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